



STATE OF MISSOURI
BOARD FOR CERTIFICATION OF INTERPRETERS
APPLICATION FOR INTERN/PRACTICUM INTERPRETING CERTIFICATE

1103 Rear Southwest Boulevard
Jefferson City, MO 65109
(573) 526-5205 (V/TTY)

INSTRUCTIONS: Please complete the information below. The Interpreter Training Program must complete Section II. Return the completed notarized form along with \$20.00 cashier's check or money order -- no personal checks accepted to MCDHH/BCI Fund and mail to the address above (\$10.00 application fee and \$10.00 certificate fee).		FOR OFFICE USE ONLY	
		Date of Application	Fee Paid \$
I hereby make application to the Board for Certification of Interpreters of the State of Missouri for registration under the laws of the State of Missouri, as a "Intern/Practicum Student" and submit the following statements:		Dates of Registration From To	
		Interpreter Training Program	
I. APPLICANT INFORMATION			
NAME	First	Middle Initial	Last
			TELEPHONE NUMBER (Voice/TTY/Both)
PREVIOUS NAME(S) (If any)		DATE OF BIRTH	
		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS		Street	City State Zip Code
INTERPRETER TRAINING PROGRAM NAME		ANTICIPATED GRADUATION DATE	
INTERPRETER TRAINING PROGRAM ADDRESS			
NAME AND LOCATION OF HIGH SCHOOL (City, State)		DATE DIPLOMA OR EQUIVALENT ISSUED	
II. INTERPRETER TRAINING PROGRAM INFORMATION (Must be completed by Coordinator of ITP)			
I hereby certify that the student named above is registered in the interpreting practicum or internship course in the specified Interpreter Training Program and will be serving his/her internship/practicum in Missouri during the period listed below. The student named above is aware of the established Interpreter Training Program internship/practicum guidelines and requirements.			
DATE OF INTERNSHIP/PRACTICUM		From	To
SIGNATURE OF DIRECTOR/COORDINATOR OF ITP		DATE	
III. AFFIDAVIT OF APPLICANT			
I, the above-named student, being first duly sworn upon my oath, state of follows: That I have personally completed the foregoing application truthfully and completely, without omission; That all the information and answers contained in the foregoing application and any attachments thereto are true and correct to the best of my knowledge and belief; That I will follow the established Interpreter Training Program Internship/Practicum guidelines and requirements; and That I realize that I made this affidavit knowingly, and that any false statement or material omission herein subjects me to criminal penalties for making a false affidavit under Section 575.050, RSMo.			
MUST BE SIGNED IN PRESENCE OF NOTARY	SIGNATURE OF STUDENT APPLICANT		DATE
	STATE		COUNTY (or City of St. Louis)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF 20		USE RUBBER STAMP IN CLEAR AREA BELOW
	NOTARY PUBLIC SIGNATURE	My Commission Expires	
Notary Public Embossed Seal	NOTARY PUBLIC NAME (Typed or Printed)		

Failure to complete any portion of this application may result in denial of certificate.